



Mood disorders

Dr. Lujain Al thagafi

Patients with mood(affective) disorders

- ▶ have a loss of that sense of control over feelings , a subjective experience of great distress and abnormality in the range of mood (e.g. depression, euphoria) and result in impaired interpersonal, social, and occupational functioning.

Major Depressive Disorder (MDD)

A) *Depressed mood OR loss of interest or pleasure (anhedonia)*

- ▶ Minimum period of 2 weeks
- ▶ Not due to normal bereavement

B) PLUS four of the following symptoms:

- ▶ Change in sleep patterns (sleeping more *or* less)
- ▶ Change in appetite or weight (eating more *or* less)
- ▶ Psychomotor agitation or retardation
- ▶ Loss of energy, fatigue
- ▶ Feelings of self-blame, worthlessness, guilt
- ▶ Difficulty concentrating
- ▶ Thoughts of death or suicide

B) Significant distress or impairment in functioning.

C) The symptoms do not meet criteria for a mixed episode.

D) Not due to substance abuse , a medication or a medical condition(e.g., hypothyroidism).

Mnemonic for the key symptoms of depression (SIG:ECAPS)

| | |
|---|--|
| S | • Sleep disturbance |
| I | • Interest |
| G | • Guilt |
| E | • Energy |
| C | • Concentration |
| A | • Appetite |
| P | • Psychomotor retardation or agitation |
| S | • Suicidal thoughts |

Depression specifiers

- ▶ With Atypical Features
- ▶ With Melancholic Features
- ▶ With Catatonic Features
- ▶ With Psychotic Features
- ▶ With Seasonal Pattern
- ▶ With Postpartum Onset



With Atypical Features

▶ **Mood reactivity**

- ▶ Mood brightens in response to actual or potential positive events

▶ **At least two of**

- ▶ ↑ appetite (carbohydrate cravings), weight gain
- ▶ Hypersomnia
- ▶ Leaden paralysis (heavy, leaden feelings in arms or legs)
- ▶ Long-standing pattern of interpersonal rejection hypersensitivity

With Melancholic Features

- ▶ **At least one of**

- ▶ Anhedonia (inability to find pleasure in positive things)
- ▶ Lack of mood reactivity (mood does not improve with positive events)

- ▶ **At least three of**

- ▶ Distinct quality of depression subjectively different from grief
- ▶ Depression regularly worse in the morning
- ▶ Early morning awakening (at least 2 hours)
- ▶ Marked psychomotor agitation or retardation
- ▶ Severe anorexia or weight loss
- ▶ Excessive or inappropriate guilt

With Catatonic Features

- ▶ **At least two of**
 - ▶ Motor immobility as evidenced by catalepsy (including waxy flexibility) or stupor
 - ▶ Excessive motor activity (purposeless, not influenced by external stimuli)
 - ▶ Extreme negativism (motiveless resistance to all instructions or maintenance of a rigid posture against attempts to be moved) or mutism
 - ▶ Peculiarities of voluntary movement as evidenced by posturing, stereotyped movements, prominent mannerisms, or prominent grimacing
 - ▶ Echolalia or echopraxia (automatic repetition of vocalizations or movements made by another person)

With Psychotic Features

- ▶ Psychosis may be present in 10-15% of patients with a Major Depressive Episode
- ▶ Associated with worse prognosis
- ▶ Increase risk of suicide and homicide
- ▶ Treatment implications
 - ▶ Antidepressant + antipsychotic
 - ▶ Consider ECT



“Ever since I signed up for Twitter, I get the feeling that people are following me!”

With Seasonal Pattern

- ▶ Only applies to a Major Depressive Episode
- ▶ Regular temporal relationship between onset of Major Depressive Episode and a particular time of year, usually fall or winter
- ▶ Full remission (or switch to mania) also occurs at a regular time of year, usually spring
- ▶ In the last 2 years, 2 Major Depressive Episodes have occurred as above with no non-seasonal episode
- ▶ Seasonal Major Depressive Episodes outweigh non-seasonal episodes in their lifetime

With Postpartum Onset

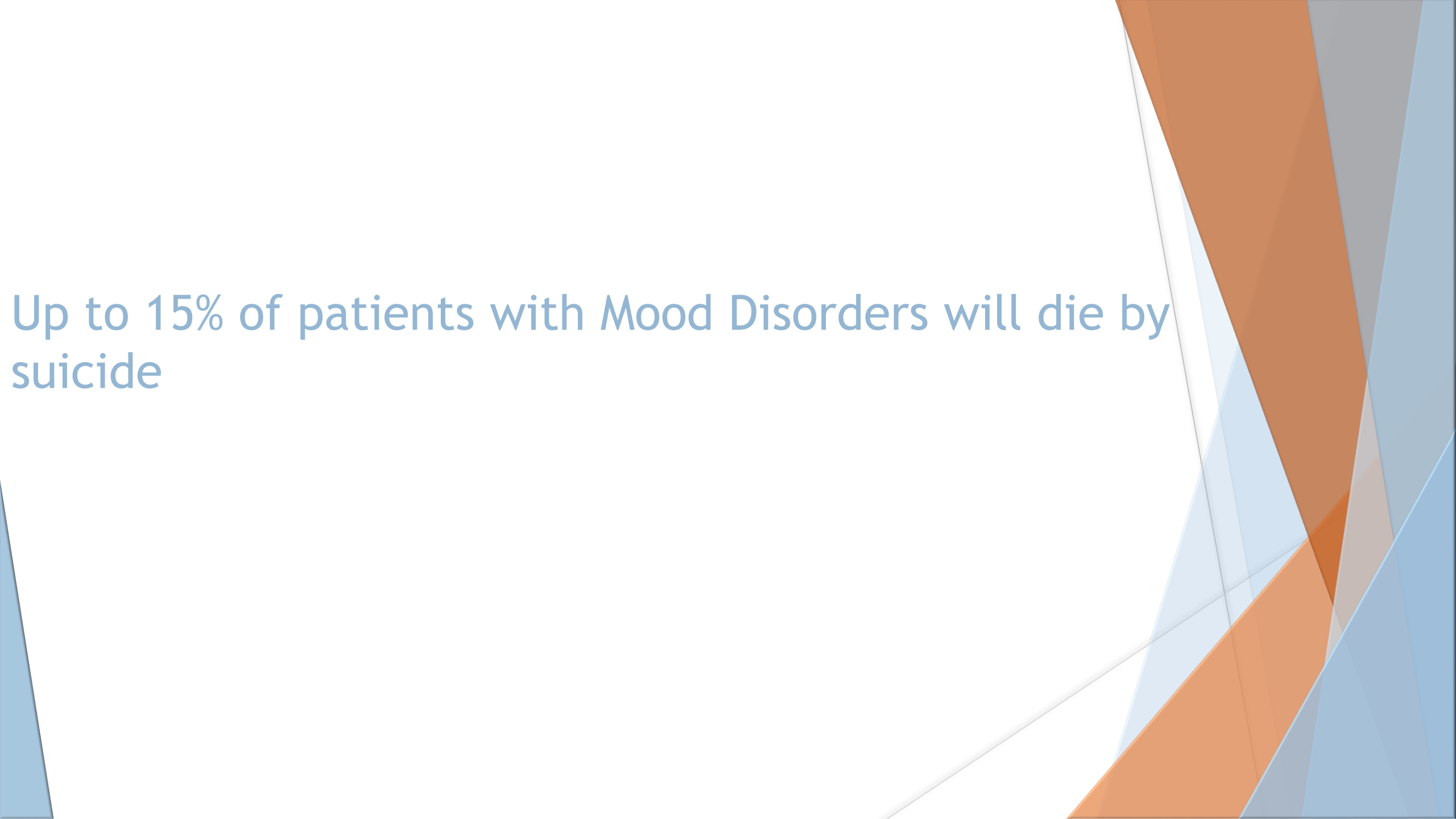
- ▶ 10% of postpartum women
- ▶ Etiology likely a combination of neuroendocrine alterations and psychosocial adjustments
- ▶ Onset has to be within 4 weeks after childbirth (DSM)
- ▶ Distinguish from the “baby blues” (70%)
 - ▶ During 10 days postpartum, transient, not impairing functioning
- ▶ Severe ruminations or delusional thoughts about the infant is associated with significantly increased risk of harm to the infant
 - ▶ Command hallucinations to kill the infant
 - ▶ Delusional belief that the infant is possessed



Epidemiology of Major Depressive Disorder (MDD)

- ▶ Lifetime prevalence of MDD in adults 16.2 %
- ▶ Female to male ratio is 2:1
- ▶ Peak age of incidence 18-44 years .
- ▶ Co-morbidity:
2/3 of those with MDD will also meet criteria for anxiety disorder at some point

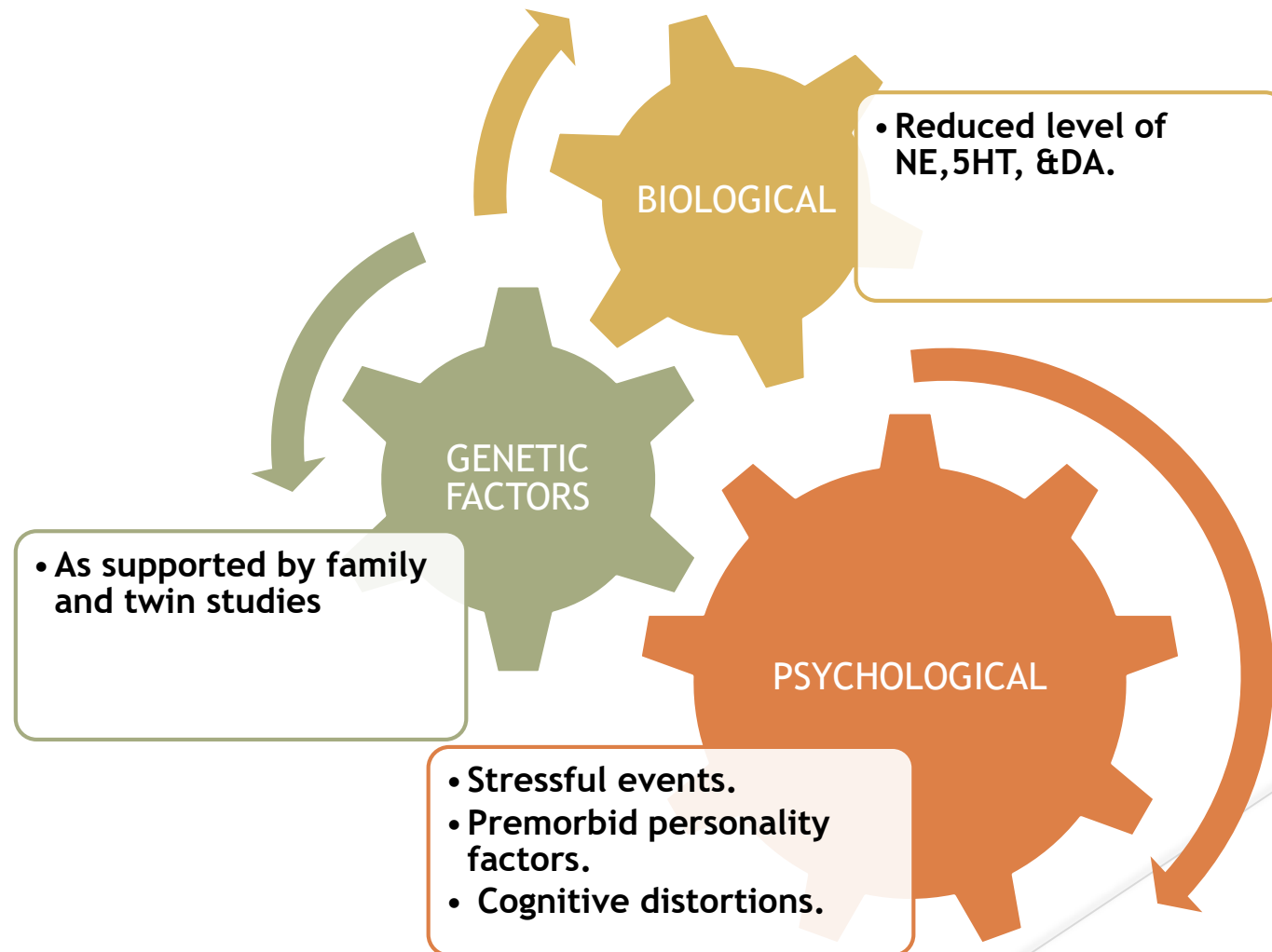
Up to 15% of patients with *Mood Disorders* will die by suicide



Risk factors

- ▶ Female > Male
- ▶ Age (20-50 years old)
- ▶ Rural > urban areas
- ▶ Positive family history
- ▶ Childhood experiences (loss of parent before age 11, abuse)
- ▶ Personality structure
- ▶ Recent stressors ex: loss of spouse, unemployed
- ▶ Postpartum
- ▶ Lack of support network

Etiology of MDD: The causative factors are multifactorial (interacting together)



Assessment and MSE

Taking history

| What to assess | How to assess |
|--|---|
| MDE | <ol style="list-style-type: none"> 1. Do you feel marked low mood most of the day for \geq 2-week period? 2. Do you feel markedly diminished interest or pleasure during the same 2-week period? 3. Do you feel markedly decreased appetite in nearly every day and significant weight loss, when not dieting? Or weight gain. 4. Do you feel markedly disturbed sleep (insomnia or hypersomnia) nearly every day? 5. Do you feel marked fatigue or loss of energy nearly every day? 6. Do you experience feelings of worthlessness or excessive guilt? 7. Do you feel that life is not worth living , death wishes or suicidal ideation ? 8. Decrease in function , social isolation, decrease in self care . |
| To exclude bipolar | <p>Have you ever had any similar episode in the past? When/what/for how long/how was it treated?</p> <p>2. Have you ever had any period of elevated, expansive, or irritable mood? When /for how long/how was it treated?</p> |
| Always remember to do the risk assessment (suicidal / homicidal thoughts) | |
| Check other psychiatric disorders(other mood disorders) (anxiety disorders) (psychotic disorders) , past psychiatric history , drug history , family history of mood disorder , history of suicide . | |

MSE

- ▶ What do you check in the MSE



mood

- sustained and pervasive feeling that influences a person's behavior and perception of the world.
- It is internally experienced. Mood can be normal, depressed, or elevated.

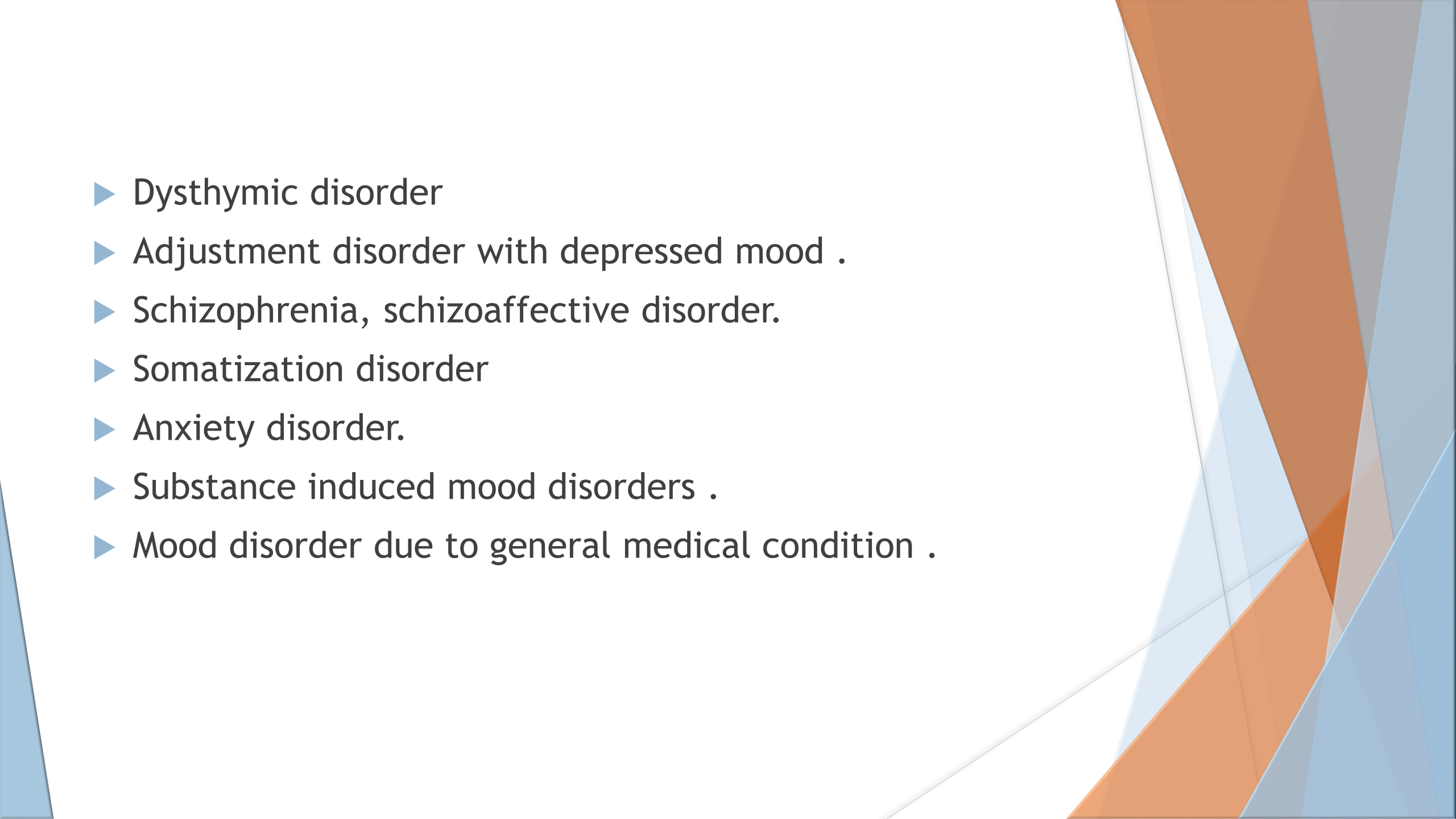
affect

- is the person's present transient emotional state.
- It represents the external expression of mood.

| | |
|-------------------------|---|
| Appearance and behavior | <p>Neglected dress and grooming.</p> <ul style="list-style-type: none"> - Turning downwards of corners of the mouth. - Down cast gaze/tearful eyes/reduced rate of blinking. - Head is inclined forwards. <p>Psychomotor retardation (in some patients agitation occurs)</p> <ul style="list-style-type: none"> - Slow movements/slow interactions. |
| MOOD | <ul style="list-style-type: none"> - Dysphoric - Irritable, angry |
| Affect | <ul style="list-style-type: none"> - Blunted, sad, constricted |
| Thought process | <ul style="list-style-type: none"> - Slowed processing - Thought blocking |
| Thought content | <ul style="list-style-type: none"> - Everything's awful - Guilt feeling - Delusional |
| Cognition | <ul style="list-style-type: none"> - Poor attention - Registration - "Pseudodementia" / poor memory |

Differential Diagnosis of Major Depressive Disorder (MDD)



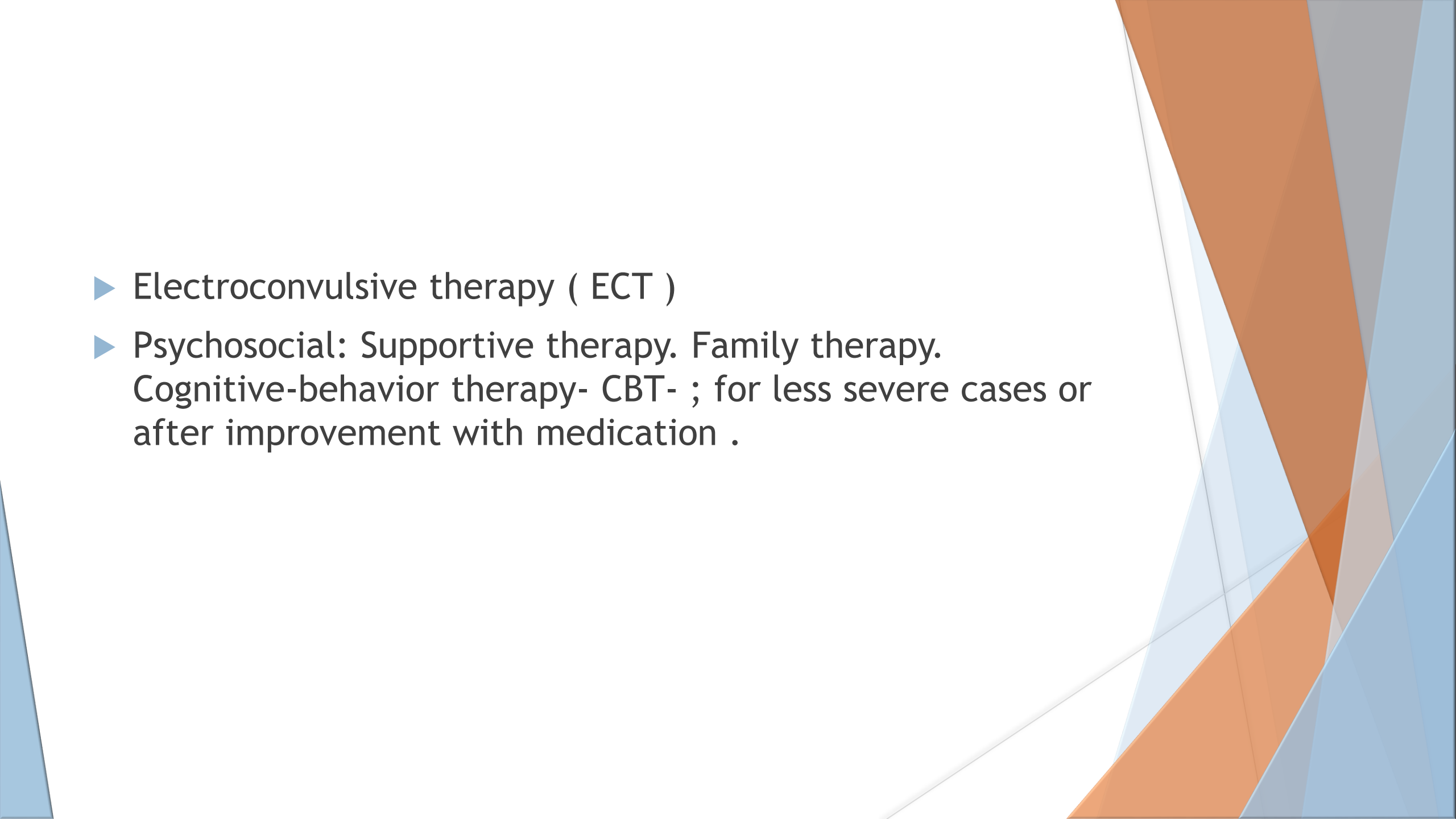
- 
- ▶ Dysthymic disorder
 - ▶ Adjustment disorder with depressed mood .
 - ▶ Schizophrenia, schizoaffective disorder.
 - ▶ Somatization disorder
 - ▶ Anxiety disorder.
 - ▶ Substance induced mood disorders .
 - ▶ Mood disorder due to general medical condition .

Management of Major Depression: Bio-Psycho-Social Approach.

- ▶ Hospitalization is indicated for:
- ▶ Suicidal or homicidal patient.
- ▶ Patient with severe psychomotor retardation who is not eating or drinking (for ECT).
- ▶ Diagnostic purpose (observation, investigation...).
- ▶ Drug resistant cases (possible ECT).
- ▶ Severe depression with psychotic features (possible ECT).

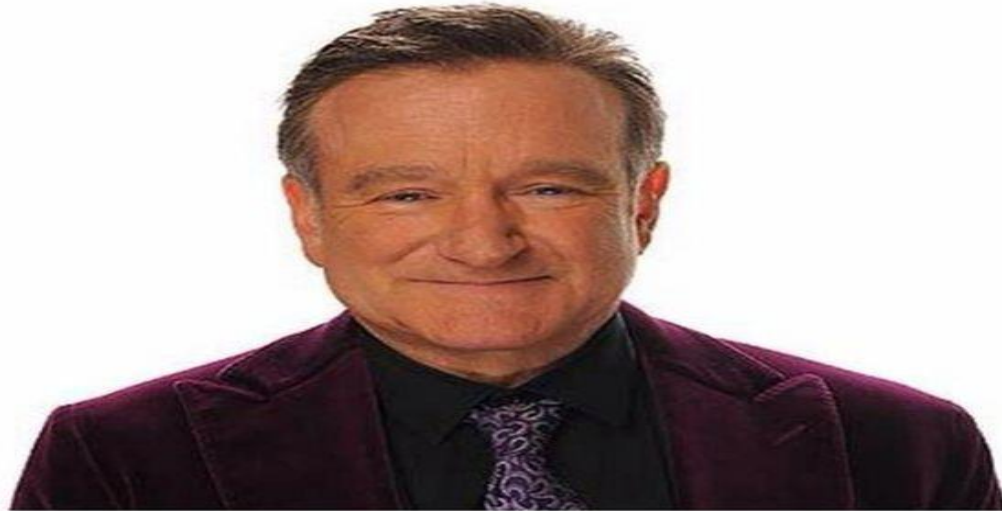
Medication used

- ▶ Antidepressants have proven to be very useful in the treatment of severe depression.
- ▶ 1st line treatment is Selective Serotonin Reuptake Inhibitors (SSRIs) e.g. fluoxetine, paroxetine.
- ▶ Selective serotonin - Norepinephrine Reuptake Inhibitors (SNRIs) e.g. venlafaxine, duloxetine.
- ▶ Avoid Tricyclics / Tetracyclics in suicidal patient because of cardiotoxicity in overdose.

- 
- ▶ Electroconvulsive therapy (ECT)
 - ▶ Psychosocial: Supportive therapy. Family therapy. Cognitive-behavior therapy- CBT- ; for less severe cases or after improvement with medication .

Depression is not a joke! It's a real illness that doesn't discriminate. No amount of money or fame can fix it. The funniest man on earth couldn't just think positive and be healed. Support those who are battling depression and other mental health issues. It takes lives!

R.I.P Robin Williams



HighAnXieties.org

Dysthymic disorder



Diagnostic Criteria

- ▶ ≥ 2 years history of chronic low mood.
- ▶ No remission periods more than two months.
- ▶ During low mood there should be ≥ 2 out of the following:
 - ▶ 2. low energy or fatigue.
 - ▶ 3. low self-esteem.
 - ▶ 4. feeling of hopelessness.
 - ▶ 5. insomnia (or hypersomnia).
 - ▶ 6. poor appetite (or overeating).
 - ▶ 7. poor concentration or difficulty in making decisions.
- ▶ Not better accounted for by any other psychiatric or medical diseases (e.g. major depression, hypothyroidism).
- ▶ It leads to impairment in functioning or significant distress.

To make it easier

- ▶ **H**opelessness
- ▶ **E**nergy ↓
- ▶ **S**elf-esteem ↓
- ▶ **2** years of depressed, for more days than not
- ▶ **S**leep ↑↓
- ▶ **A**ppetite ↑↓
- ▶ **D**ecision-making ↓, concentration ↓


Dysthymic Disorder

- ▶ Female > Male (2-3:1)
- ▶ Treatment with psychotherapy ± antidepressants

Double depression

- ▶ Dysthymia PLUS major depressive episode





DSM-IV-TR Criteria for Manic and Hypomanic Episodes

- ▶ Elevated, expansive, or irritable mood
- ▶ PLUS 3 of the following (4 if mood is irritable):
 - ▶ Psychomotor agitation or increase in goal-directed behavior
 - ▶ Excessive talking or pressured speech
 - ▶ Flights of ideas; racing thoughts
 - ▶ Reduced need for sleep
 - ▶ Grandiosity or inflated self esteem
 - ▶ Easily distractible
 - ▶ Excessive involvement in pleasurable activities with negative consequences
 - » e.g., unprotected sexual activity, spending sprees
- ▶ Not better accounted by another disorder, a general medical condition, a substance or medication

When to say its BAD 1 OR BAD 2

| BAD 1 | BAD 2 |
|---|---|
| More severe symptoms | Mild to moderate |
| Symptoms cause significant distress or functional impairment | Clear changes in functioning but impairment is not marked |
| at least 1 Manic or Mixed Episode | No past Manic or Mixed Episode at least 1 Major Depressive Episode & 1 Hypomanic Episode |
| May have psychotic features. | No psychotic features (hallucinations/delusions). |
| Usually necessitates hospitalization to prevent harm to self or others. | Does not require hospitalization |

Mixed Episode

- ▶ **Criteria met for both Manic and Major Depressive Episodes**
- ▶ Nearly everyday for one week



When to say BAD Rapid Cycling

- ▶ Can be applied to Bipolar I and II
- ▶ At least 4 mood episodes in previous 12 months (Major depressive, Manic, Hypomanic or Mixed episodes)
- ▶ Episode demarcated by either switch to the opposite state or 2 months of partial or full remission between episodes
- ▶ Rapid cycling is a specifier e.g, bipolar 1 disorder with a rapid-cycling pattern .



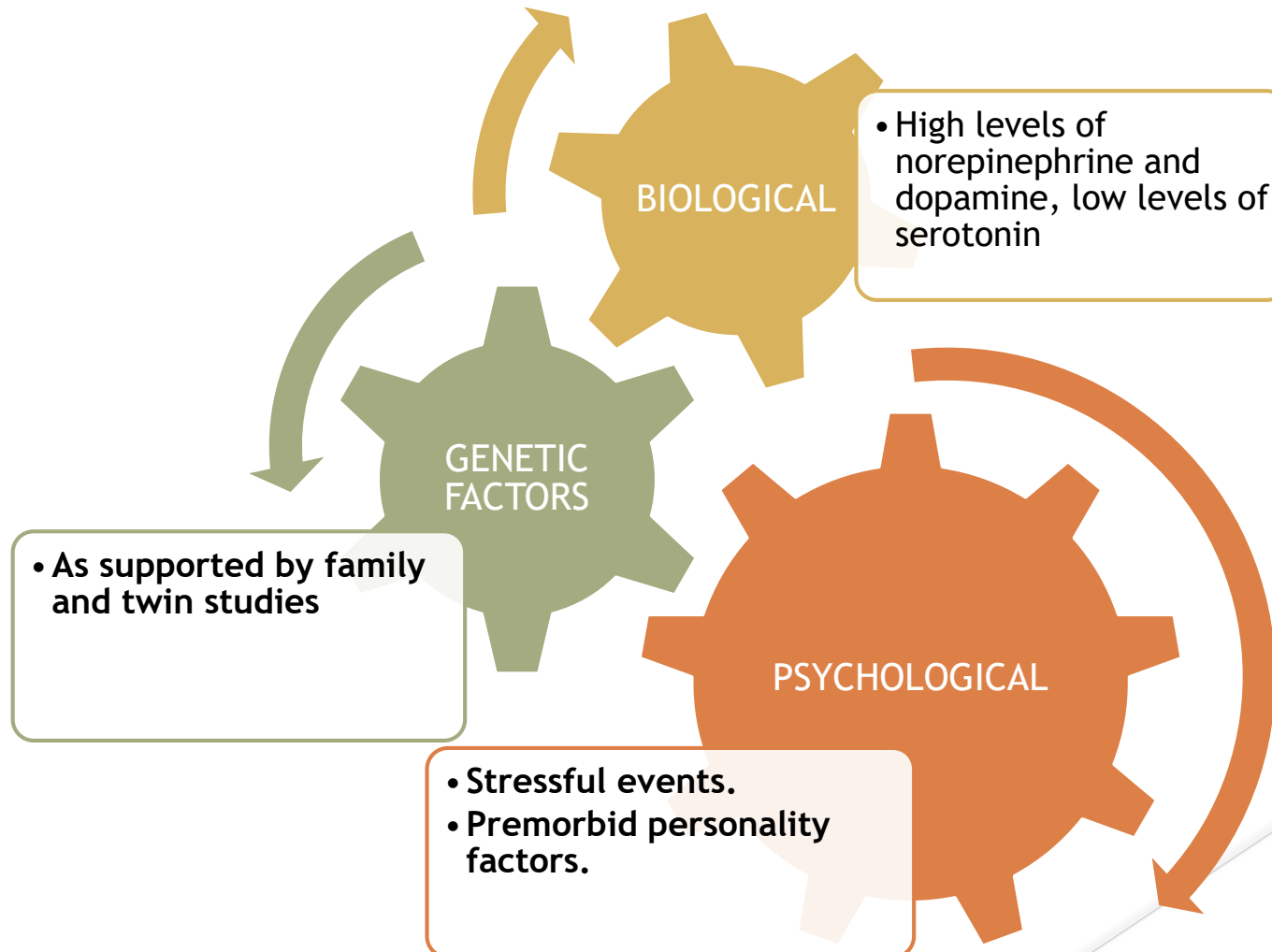
Cyclothymic disorder (Cyclothymia)

- ▶ Milder, chronic form of bipolar disorder
 - ▶ Lasts at least 2 years
- ▶ Numerous periods with hypomanic and depressive symptoms
- ▶ No manic or mixed episode
- ▶ No MDE.

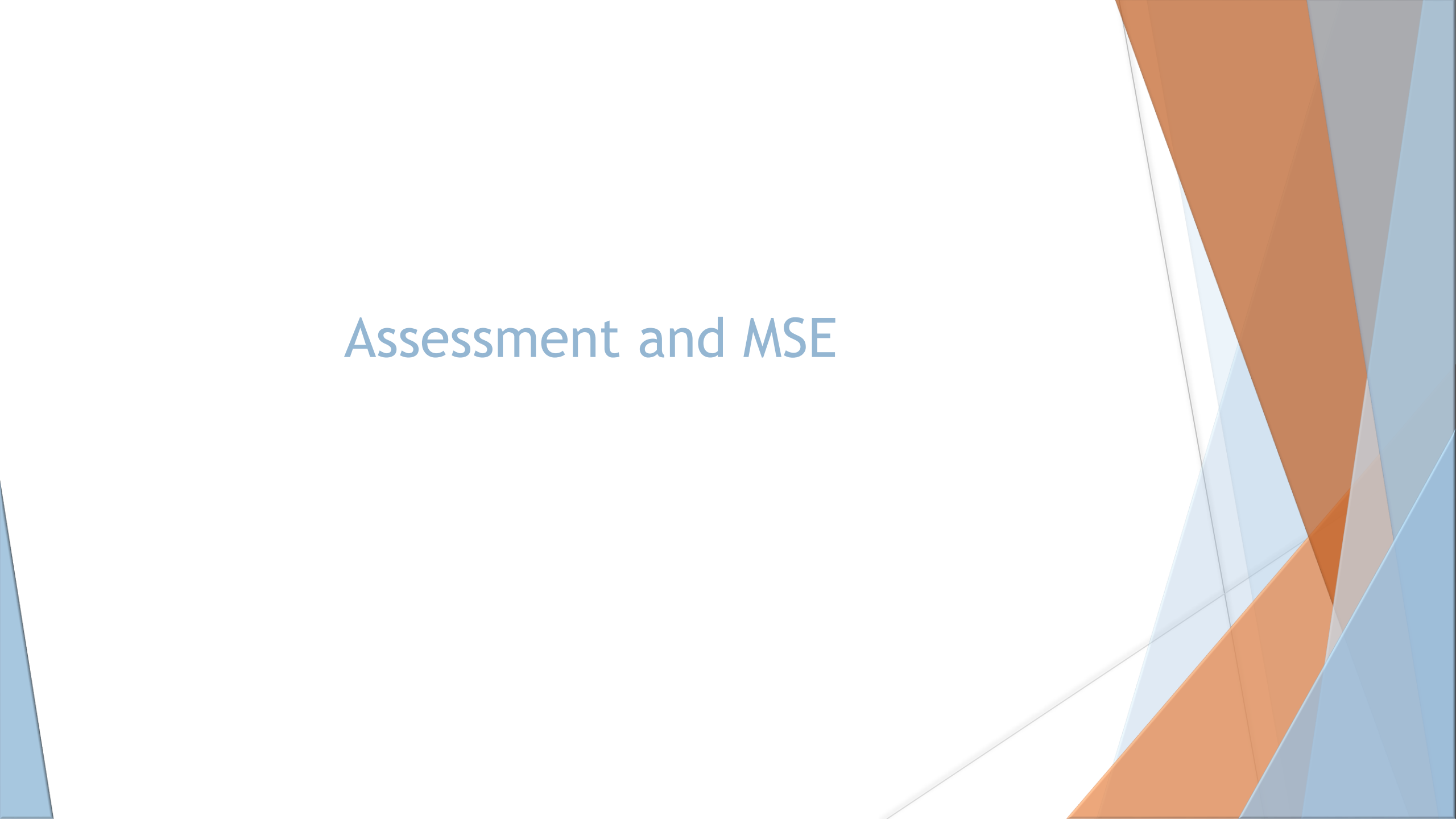
Epidemiology and Consequences

- ▶ Prevalence rates lower than MDD
 - ▶ 1% for Bipolar I
 - ▶ Average age of onset in 20s
- ▶ No gender differences
- ▶ Family history of a mood disorder (major Mood Disorder in 60-65% of patients with Bipolar Disorder)
- ▶ Tends to be recurrent

Etiology of BAD : multifactorial factors (interacting together)



Assessment and MSE



Taking history

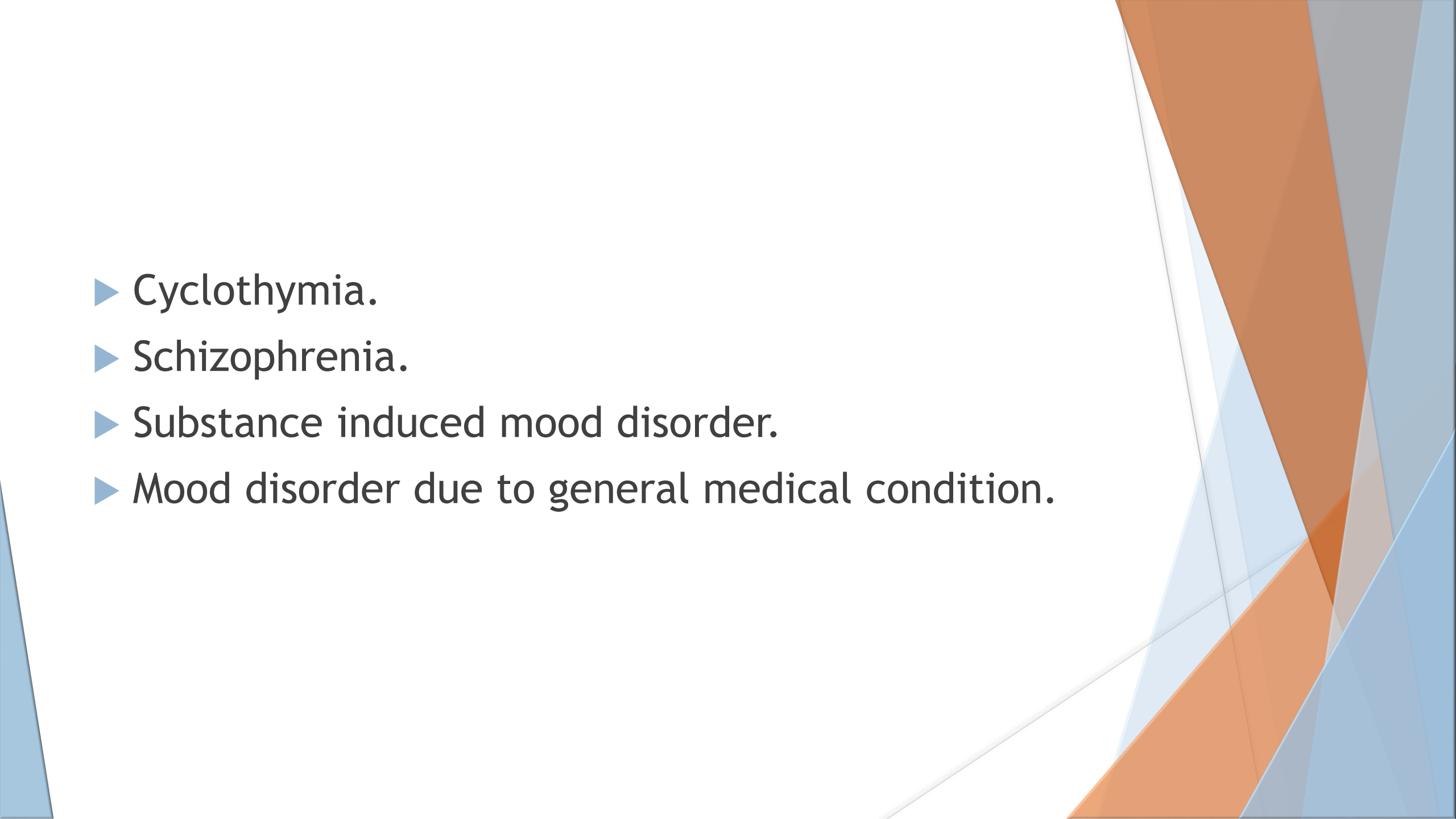
| What to assess | How to assess |
|--|--|
| BAD | <ol style="list-style-type: none">1. mood elated or irritable.2. Inflated self-esteem or grandiosity.3. Decreased need for sleep.4. Excessive talking5. Racing thoughts or flight of ideas.6. Easily distractible7. Excessive involvement in pleasurable activities (e.g., buying unnecessary things , sexualactivities , or foolish business investments).8. Functioning level |
| Ask about other psychotic symptoms , depressive symptoms . | |
| Always remember to do the risk assessment (suicidal / homicidal thoughts) | |
| Check (anxiety disorders) (psychotic disorders) , past psychiatric history , drug history , family history of mood disorder , history of suicide . | |

MSE

| | |
|--------------------|---|
| General appearance | may appear well-groomed but display a dramatic change in appearance (Bright colors, excessive jewelry, makeup) Psychomotor agitation such as fidgeting, moving about. |
| mood | Euphoric , Irritable |
| Affect | Heightened, dramatic, labile |
| Thought Process | Rapid , Pressured speech, Flight of ideas |
| Content | Grandiose Delusions |
| cognition | Easily distractible |

Differential Diagnosis of Bipolar Affective Disorder (BAD)



- 
- ▶ Cyclothymia.
 - ▶ Schizophrenia.
 - ▶ Substance induced mood disorder.
 - ▶ Mood disorder due to general medical condition.

Management

Consider hospitalization for :

- ▶ 1st manic episode or psychotic episode .
- ▶ Dangerous behavior .
- ▶ Diagnostic evaluation .
- ▶ Concomitant substance abuse .

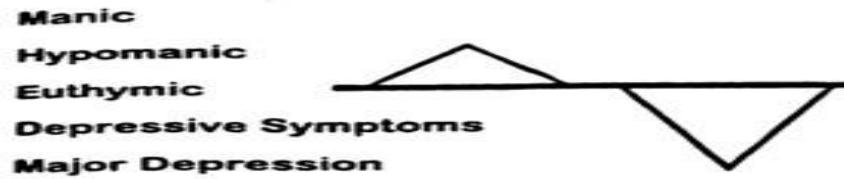
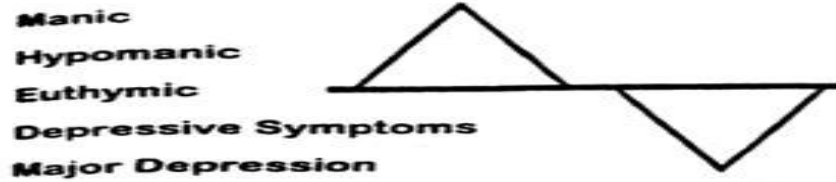
Medication

Acute treatment for manic episode :

- ▶ Mood stabilizer : lithium, valproic acid, carbamazepine
- ▶ Antipsychotics
- ▶ Benzodiazepine
- ▶ ECT.

Maintenance treatment :

- ▶ Mood stabilizers.
- ▶ Atypical antipsychotics .
- ▶ Psychotherapy : CBT, psych-education of the patient and family.



Bipolar Disorder Type I

- Manic and Depressive Episodes
- Depressive Episodes in some patients are brief or nonexistent
- No separate diagnostic category exists for Unipolar Mania

Bipolar Disorder Type II

- Hypomania with Major Depressive Episodes; the implications of the distinction from Bipolar Type I are still being investigated

Rapid Cycling Type

- 4 or more episodes of Mania, Hypomania, Mixed, or MDE in 1 year
- Recovery for 2 months between episodes, or a switch to a mood episode of opposite polarity

Cyclothymic Disorder

- Depressive symptoms do not necessarily meet the criteria for a Dysthymic Disorder and are not as severe as an MDE; highs can be hypomanic in intensity

Major Depressive Episode

- Depressive symptoms are of significant duration & severity; usual course is a full recovery, but may have future episodes (the example here shows recurrent episodes)

Dysthymic Disorder

- Depressive symptoms are not severe enough for an MDE
- Some patients do develop a coexisting MDE; this is then called a Double Depression

Mood disorder due to general medical condition

- ▶ Should always be listed in your differential diagnosis
- ▶ Coded as to the name of the disorder and the mood

E.g: hypothyroidism leading to depression would be coded as Mood disorder due to hypothyroidism, with depressive features .

Depression secondary to medical diseases:

- ▶ Hypothyroidism - Diabetes mellitus - Cushing's disease - Parkinson's disease.
- ▶ - Stroke (post stroke depression).
- ▶ - Carcinoma (especially of the pancreas and lungs).
- ▶ - Autoimmune diseases; SLE, multiple sclerosis.

Substance induced mood disorder

- ▶ It can be difficult to determine whether the depression is related to the direct physiological consequences of substances or its is comorbid to the substance use

Common substances associated with clinical depression

- ▶ Alcohol
- ▶ Stimulants (cocaine, methamphetamine)
- ▶ Opiate (buprenorphine, oxycodone)
- ▶ Marijuana
- ▶ Nicotine

Prescription medications that can cause depression

- ▶ Some of the antihypertensive medications
- ▶ Steroids
- ▶ interferon

SUMMARY

Table 8.1 A Summary of the Mood Disorder Diagnoses

| Depressive Disorders | Diagnostic Criteria | Bipolar Disorders | Diagnostic Criteria |
|---------------------------|--|----------------------|---|
| Major depressive disorder | Sad mood or loss of pleasure for 2 weeks, along with at least 4 other symptoms | Bipolar I disorder | At least one lifetime manic or mixed episode |
| Dysthymic disorder | Mood is down and other symptoms are present at least 50 percent of the time for at least 2 years | Bipolar II disorder | At least one lifetime episode of hypomania and episodes of major depression |
| | | Cyclothymic disorder | Recurrent mood changes from high to low, without hypomanic or manic episodes for at least 2 years |



The background features abstract geometric shapes, primarily triangles, in shades of blue and orange. These shapes are layered and overlap, creating a dynamic, modern aesthetic. The blue shapes are more numerous and form the base of the design, while the orange shapes are fewer but provide a strong contrast. The overall composition is clean and professional.

Thank you